18;19,23,25,26,27,28,30,35,36,38,39,40,

DATENT ADDITION STATES								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003								1062072B					
CLAIMS AS FILED - PART I										, ,			
TO	OTAL CLAIMS		(Columi		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
101/12 GEARVIO			40				R	ATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ва	SIC FE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		* 20		X	\$ 9=		OR	X\$18=	360	
INDEPENDENT CLAIMS				inus 3 =	17-	17-		X42=		OR	X84=	924	
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT					140=		1	.000	(7)	
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	+280=		
CLAIMS AS AMENDED - PART II								DTAL		OR	TOTAL	2074	
	(Column 1) (Column 2) (Column 3)							IALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent * Minus ***				=	X	42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		1 1	.000		
								40= TOTAL	<u> </u>	OR	+280= TOTAL		
		(Column 1)		(0.1	-			T. FEE		OR ,	ADDIT. FEE		
AMENDMENT B		CLAIMS		(Colum		(Column 3)		-					
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	2=			X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-			OR			
								40=		OR	+280=		
							T FIDDA	OTAL FEE		OR ,	TOTAL ADDIT. FEE		
_	-	(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=			X\$18=		
ME	Independent	*	Minus	***		=	-			OR			
	FIRST PRESE	X4	=		OR	X84=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR _Δ	TOTAL DDIT. FEE		
T	he "Highest Num	mber Previously Paid ber Previously Paid	iu For" IN THI: I For" (Total or	SPACE is Independer	less thar it) is the	n 3, enter "3." highest number f			ropriate box				